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THE TREATMENT OF ANAL FISSURE, OR
IRRITABLE ULCER OF THE RECTUM.

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**THE TREATMENT OF ANAL FISSURE, OR
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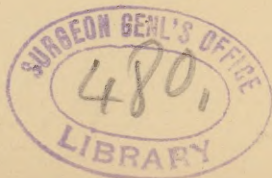
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GENTLEMEN: It is highly important to the success of any plan of treatment directed toward the cure of anal fissure that attention be paid to the condition of the bowels. Regularity of habit should be established and the evacuations rendered semi-fluid, as hard stools generally aggravate the symptoms.

To accomplish these purposes enemata or mild aperients should be employed, and the diet must be regulated, the use of bland and unirritating food being enjoined. All drastic purges should be avoided, as they are more or less stimulating and irritating to the extremity of the rectum.

In order to secure a daily evacuation of the bowels and to render the movement as painless as possible I am in the habit of ordering an enema of warm water or one of rich flaxseed tea, say from half a pint to a pint, to be administered every evening, preference being given to the night-time, as the patient can then assume the recumbent posture, which position, combined with the rest, affords the greatest protection from subsequent pain. If the first enema should prove ineffectual in producing the desired result another should be given in half an hour.

¹ Delivered at the Philadelphia Polyclinic.



In order to relieve the pain and spasm of the sphincters attending the evacuation, it is well about half an hour before the enema is employed to use a suppository consisting of

R.—Ext. belladonnæ . . . gr. $\frac{1}{8}$ to $\frac{1}{2}$
 Cocainæ hydrochlor. . . gr. $\frac{1}{4}$ to $\frac{1}{2}$
 Ol. theobromæ . . . gr. x.

Misce et fiat suppositoria j.

Or, instead, an ointment of extract of conium may be used, as recommended by Mr. Harrison Cripps:¹

R.—Ext. conii . . . ʒij.
 Olei ricini . . . ʒiij.
 Ung. lanolini . . q. s. ad ʒij.—M.

A small quantity of this ointment should be smeared over the parts five minutes before a motion is expected, and again after it has taken place.

The various methods of treating anal fissure may, for convenience sake, be divided into the *palliative* and the *operative*:

PALLIATIVE MEASURES.—Palliative treatment will meet with success in a considerable proportion of cases, especially when there is no great hypertrophy of the sphincter muscles. Allingham² states that the curability of the lesion does not depend upon the length of time that it has existed, but rather upon the pathologic changes it has wrought. This same authority states that he has cured fissure of months' standing by means of local applications, when the ulcers were uncomplicated with polypi or hemorrhoids and when there was not marked spasm or thickening of the sphincters.

It is essential to the success of the treatment of fissure, especially by local applications, that rigid cleanliness of

¹ Diseases of the Rectum and Anus, second edition, London, 1890, p. 189.

² Diseases of the Rectum, fifth edition, London, 1888, p. 215.

the parts be maintained ; for this purpose the anus and the adjacent portions of the body should be carefully sponged night and morning and after each stool with hot or cold water, the temperature being regulated to suit the patient's comfort.

In applying the various local remedies it is necessary first to expose the ulcer to view, and to anesthetize its surface with a four per cent. solution of cocaine hydrochlorate, well brushed in with a camel's-hair pencil. The application may have to be repeated once or twice, at intervals of three or four minutes, in order to obtain the desired anesthetic effect.

If any ointment has been used about the fissure the anus should be subjected to a hot-water douche before using the cocaine, as cocaine will not exert its anesthetic influence on a greasy surface.¹

Among the different remedies that have been used in the local treatment of fissure of the anus may be mentioned the following : Nitrate of silver, acid nitrate of mercury, fuming nitric acid, carbolic acid, sulphate of copper, the actual cautery.

Of these topical applications the nitrate of silver is the best. Its effects are various : it lessens or entirely calms the nervous irritation, which is so important a factor in producing spasmodic contraction of the sphincters ; it coats and shields the raw and exposed mucous surface by forming an insoluble albuminate of silver ; it destroys the hard and callous edges of the ulcer, and tends to remove the diseased and morbid action of the parts. The form in which I usually employ this salt is in solution (from ten to thirty grains to the ounce). To accomplish the best results the solution should be used once in twenty-four or forty-eight hours, according to circumstances. It may be applied by means of cotton attached

¹ W. P. Agnew : *Diagnosis and Treatment of Hemorrhoids, etc.*, second edition, San Francisco, Cal., 1891, p. 91.

to a silver probe or to a piece of wood. The application is made by separating the margins of the anal orifice with the thumb and index finger of the left hand, and introducing into the anus the probe charged with the solution.

According to Bodenhamer,¹ should the ulcer be more than a third of an inch above the margin of the anus, it will be necessary to use the speculum. The solution is to be applied to the fissure only; a few drops are all that is required. If thorough local anesthesia has been induced by the use of cocaine the application of the silver salt produces little, if any, suffering, for by the time that the anesthetic has lost its effect the otherwise acute pain of the nitrate of silver will have passed away.

After each application the part should be smeared well with an ointment of iodoform (thirty grains to the ounce). The odor of iodoform may be disguised by the addition of a few drops of attar of roses. Iodol may be used instead of iodoform, and in the same way. After the ulcer has been touched once or twice with the silver solution the effect will be, in the cases that are benefited by this treatment, a considerable mitigation of the pain from which the patient suffered when at the closet and afterward, and the sore will present a healthy, granulating appearance, and slowly contract in size.

Unless the fissure be complicated with some other affection in children and in young persons, anal fissure is almost always curable by adopting the mode of treatment laid down.

Some authorities speak highly of the use of the acid nitrate of mercury, fuming nitric acid, carbolic acid, the actual cautery, etc., but in my opinion their employment is attended with more suffering than follows the use of the nitrate of silver or the simple operative treatment presently to be described. Furthermore, the application

¹ Anal Fissure, p. III.

of these remedies is not so certain to effect a cure as either of the two procedures just mentioned, so that I rarely resort to their use.

The daily introduction of a full-sized bougie, made of wax or tallow, will sometimes act beneficially in cases of fissure by stretching the sphincter and producing such an amount of irritation as will set up a healing process in the ulcer. An application of cocaine or of belladonna ointment should be made to the part previously to their employment.

Allingham¹ strongly advocates the local use of the following ointment :

R.—Hydrarg. subchlor.	.	.	.	iv grains.
Pulv. opii	.	.	.	ij “
Ext. belladonnæ	.	.	.	ij “
Ung. sambuci	.	.	.	3j. —M.

S.—To be applied frequently.

He states that he has had many cures with this ointment alone. Another excellent ointment recommended by this same authority² is :

R.—Plumb. acetatis	.	.	.	.	gr. x.
Zinci oxidi	.	.	.	.	gr. x.
Pulv. calaminæ	.	.	.	.	gr. xx.
Adipis benzoïn.	.	.	.	.	3ss.—M.

An ointment of the oxide of mercury, thirty grains to the ounce, has cured many cases.

OPERATIVE TREATMENT.—In the more severe cases local treatment will fail to produce a cure, and operative interference will be rendered necessary. There are three methods of repute to be considered in this connection : forcible dilatation, incision, and a combination of these two procedures, viz. : dilatation and incision.

¹ Loc. cit., p. 214.

² Loc. cit., p. 215.

Forcible dilatation. This is the operation recommended by Récamier, Van Buren, and others. It consists in the introduction of the thumbs into the bowel, back to back, and then forcibly separating them from each other until the sides of the bowel can be stretched as far out as the tuberosities of the ischia. It is essential to place the ball of one thumb over the fissure and that of the other directly opposite to it, in order to prevent the fissure from being torn through and the mucous membrane stripped off. As pointed out by Allingham,¹ it is well to repeat the stretching in other directions until the entire circumference of the anus has been gone over. In this manner, by careful and thorough kneading and pulling of the muscles, the sphincters will be felt to give way, and will be rendered soft and pliable. This procedure should always be practised with the patient thoroughly under the influence of an anesthetic, and it should occupy at least five or six minutes. This operation is perfectly safe, but as it is no less severe than the operation by incision, and as it fails to effect a cure in some cases, I can see no advantage in adopting it instead of the more satisfactory and always successful plan of treatment—combined dilatation and incision. It may be found preferable, however, in some cases on account of the prejudice of patients against the use of the knife.

Incision. A fissure can be cured by making an incision through the base of the ulcer and a little longer than the fissure itself, so as to sever all of the exposed nerve-filaments. The cut should divide the muscular fibers along the floor of the ulcer. In a certain proportion of cases this operation will meet with success, but it is not so certain and radical as the operation next to be described. It has the advantage over the other operations, however, of being nearly or entirely painless under local anes-

¹ Loc. cit., p. 226.

thetia produced by cocaine, and, therefore, when general anesthesia is contra-indicated, or is refused by the patient, this method is worthy of a trial.

Dilatation and incision, if skilfully and carefully performed, I believe to be a radical and unfailing cure for anal fissure. The bowels should be cleared out by a dose of castor oil and an injection, after which, under ether-anesthesia, the sphincter should be dilated in the manner previously described. This being accomplished and the ulcer properly exposed, a straight, blunt-pointed bistoury should be drawn firmly across its surface, making a cut about an inch in length and a third of an inch in depth. Instead of the blunt bistoury a sharp-pointed scalpel may be used. It should be entered at the margin of the anus, passed under the ulcer, and made to protrude above the ulcer, the overlying structures being then divided from without inwards.

The subsequent treatment consists in keeping the patient in the recumbent position and in the use of a little opium to confine the bowels. After three or four days a laxative may be given, from which time daily alvine movements should be secured. In seven or eight days the patient can begin to move about, but for at least two weeks he should avoid standing too long on the feet. No dressing is required; the parts should be bathed with a little warm water and carbolic acid soap, to remove offensive discharges,

The subcutaneous division of the sphincter, as recommended by some authorities, is not a satisfactory method, and is mentioned here solely for the purpose of condemnation. It is not only uncertain in its results, but it is also painful, and in more than one instance has been followed by abscesses.



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